

EXHIBIT I

Kristy Schugsta

From: Sagi Kuznits <skuznits@aol.com>
Sent: Wednesday, December 13, 2017 10:08 PM
To: Kristy Schugsta
Subject: Fwd: New Stivax Coding/Conference Call Schedule
Attachments: New Suggested Stivax Coding.docx

Sent from my iPhone

Begin forwarded message:

From: Mark Kaiser <kaisermarkd@hotmail.com>
Date: December 13, 2017 at 10:22:49 AM EST
Subject: New Stivax Coding/Conference Call Schedule

Hello:
I hope everyone is having a great Holiday season.

We at Doc Solutions have fielded several inquiries recently from clients across the country regarding Stivax coding. Please view this memo as a way to proceed forward.

After working closely with our compliance team over the past few weeks we are very happy to announce a new coding set that is to be used effectively immediately.

Please find this attached above.

In an attempt to help answer questions and alleviate concerns, we have scheduled a list of conference calls below.

I strongly suggest that someone on your team be available for at least one of the calls so that all questions can be asked and further discussion can be had about how to best move forward with Stivax in your office.

Conference Call Line:
267-930-4000

Password:
682658

Call Dates And Times (all times listed are on Eastern Standard Time)

Wednesday 12/13
12PM
6PM

Friday 12/15

10AM

1PM

Monday 12/18

10AM

1PM

The calls will go over current billing guidelines, coding, billing and how to utilize the two different billing sets listed on the coding sheet above.

Expect the calls to last 10 minutes with additional time added as needed for Q&A.

To respect everyones busy schedule we will start all calls at the exact times listed.

I look forward to speaking to everyone here soon!

Thank You,

Mark Kaiser

Cell: 317-691-7191

Doc Solutions CEO

National Account Manager, Stivax Neurostimulator

Coding for the Stivax Stimulator

Coding for Stivax Stimulator

Tract One

<u>Commercial</u>	<u>Medicare</u>	<u>Workers Compensation</u>
<u>Day 1</u>	<u>Day 1</u>	<u>Day 1</u>
99213	99213	99213
L8680	L8679	L8680
L8686		L8686
<u>Day 21</u>	<u>Day 21</u>	<u>Day 21</u>
99213	99213	99213
95970-95972	95970-95972	95970-95972
63663	63663	63663
<u>Day 42</u>	<u>Day 42</u>	<u>Day 42</u>
99213	99213	99213
63663	63663	63663

Tract Two

<u>Commercial</u>	<u>Medicare</u>	<u>Workers Compensation</u>
<u>Day 1</u>	<u>Day 1</u>	<u>Day 1</u>
99213	99213	99213
L8680	L8679	L8680
L8686		L8686
<u>Day 21</u>	<u>Day 21</u>	<u>Day 21</u>
99213	99213	99213
95970-95972	95970-95972	95970-95972
63663	63663	63663
L8680		
<u>Day 42</u>	<u>Day 42</u>	<u>Day 42</u>
99213	99213	99213
63633	L8679	63663

This document and the information contained herein is for general information purposes only and is not intended and does not constitute legal, reimbursement, coding, business, or other advice. Furthermore, it is not intended to increase or maximize payment by any payer. Nothing

in this document should be construed as a guarantee regarding levels of reimbursement, payment, or charge, or that reimbursement or other payment will be received. Similarly, nothing in this document should be viewed as instructions for selecting any particular code. The ultimate responsibility for coding and obtaining payment/reimbursement remains with the customer. This includes the responsibility for accuracy and veracity of all coding and claims submitted to third-party payers. Also note that the information presented herein represents only one of a number of potential scenarios, based on the assumptions, variables and data presented.

Explanation of the codes

L8679

Implantable neurostimulator, pulse generator, any type

L8680

Implantable neurostimulator electrode, each

This code is not payable by Medicare and should never be billed to any Medicare or Medicare Advantage Plan carrier.

L8686

Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension

63663

Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed

95970

Analyze Neurostimulator no programing

Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode select ability, output modulation, cycling, impedance and patient compliance measurements); simple or complex brain, spinal cord, or peripheral (ie,

cranial nerve, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, without reprogramming

95971

Analyze Neurostimulator Simple

Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode select ability, output modulation, cycling, impedance and patient compliance measurements); *simple spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming*

95972

Analyze Neurostimulator Complex

Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude, pulse duration, configuration of wave form, battery status, electrode select ability, output modulation, cycling, impedance and patient compliance measurements); *complex spinal cord, or peripheral (ie, peripheral nerve, sacral nerve, neuromuscular) (except cranial nerve) neurostimulator pulse generator/transmitter, with intraoperative or subsequent programming*

Diagnosis codes that support the use of this CPT-codes 95970-95972

M47.24	Other spondylosis with radiculopathy, thoracic region
M47.25	Other spondylosis with radiculopathy, thoracolumbar region
M47.26	Other spondylosis with radiculopathy, lumbar region
M47.27	Other spondylosis with radiculopathy, lumbosacral region
M47.28	Other spondylosis with radiculopathy, sacral and sacrococcygeal region
M47.814	Spondylosis without myelopathy or radiculopathy, thoracic region
M47.815	Spondylosis without myelopathy or radiculopathy, thoracolumbar region
M47.816	Spondylosis without myelopathy or radiculopathy, lumbar region
M47.817	Spondylosis without myelopathy or radiculopathy, lumbosacral region
M47.818	Spondylosis without myelopathy or radiculopathy, sacral and sacrococcygeal region
M47.894	Other spondylosis, thoracic region
M47.895	Other spondylosis, thoracolumbar region
M47.896	Other spondylosis, lumbar region

M47.897	Other spondylosis, lumbosacral region
M47.898	Other spondylosis, sacral and sacrococcygeal region
M50.11	Cervical disc disorder with radiculopathy, high cervical region
M50.121	Cervical disc disorder at C4-C5 level with radiculopathy
M50.122	Cervical disc disorder at C5-C6 level with radiculopathy
M50.123	Cervical disc disorder at C6-C7 level with radiculopathy
M50.13	Cervical disc disorder with radiculopathy, cervicothoracic region
M51.14	Intervertebral disc disorders with radiculopathy, thoracic region
M51.15	Intervertebral disc disorders with radiculopathy, thoracolumbar region
M51.16	Intervertebral disc disorders with radiculopathy, lumbar region
M51.17	Intervertebral disc disorders with radiculopathy, lumbosacral region
M51.24	Other intervertebral disc displacement, thoracic region
M51.25	Other intervertebral disc displacement, thoracolumbar region
M51.26	Other intervertebral disc displacement, lumbar region
M51.27	Other intervertebral disc displacement, lumbosacral region
M51.34	Other intervertebral disc degeneration, thoracic region
M51.35	Other intervertebral disc degeneration, thoracolumbar region
M51.36	Other intervertebral disc degeneration, lumbar region
M51.37	Other intervertebral disc degeneration, lumbosacral region
M54.11	Radiculopathy, occipito-atlanto-axial region
M54.12	Radiculopathy, cervical region
M54.13	Radiculopathy, cervicothoracic region
M54.14	Radiculopathy, thoracic region
M54.15	Radiculopathy, thoracolumbar region
M54.16	Radiculopathy, lumbar region
M54.17	Radiculopathy, lumbosacral region
M54.18	Radiculopathy, sacral and sacrococcygeal region
M54.2	Cervicalgia
M54.5	Low back pain

99213

Office Visit, Established

Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components:

- An expanded problem focused history;
- An expanded problem focused examination;
- Medical decision making of low complexity.

Counseling and coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity.

General Information

Patients must have undergone careful screening, evaluation, and diagnosis by a multidisciplinary team prior to implantation. (Such screening must include psychological, as well as physical evaluation). Documentation of the history and careful screening must be available in the patient chart if requested. Patients being selected for a trial

- Must not have active substance abuse issues.
- Must undergo proper patient education, discussion, and disclosure including an extensive discussion of the risks and benefits of this therapy.
- Must undergo appropriate psychological screening